

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

1. ID No. 161750		t name of the limited liability company AQUIDNECK AVE., LLC				
3. State of Formation RHODE ISLAND		ion of the character of the h ATE	usiness which is actually conducted in Rhod	s which is actually conducted in Rhode Island		
5. Principal office address 1079 AQUIDNECK AVENUE		City- MIDDLETOWN	State RI	Zip 02842		
6. MAILING ADDR Contact Name JOHN J. ROQUE		SILITY COMPANY AND	D NAME OR TITLE OF CONTACT Contact Title	PERSON:	·	
Street Address 1079 AQUIDNECK AVENUE		City MIDDLETOWN	State RI	<i>Ζψ</i> 02842		
1019 AQUIDINE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		;	ľ		
	ORESS OF EACH MANA	AGER OF THE LIMITE SPACES BEFORE USI	: ED LIABILITY COMPANY, IF APPI	I LICABLE - <u>DO NO</u> DR ATTACHMENT) [
7. NAME AND ADI	ORESS OF EACH MANA		: ED LIABILITY COMPANY, IF APPI			
7. NAME AND ADI	ORESS OF EACH MANA		: ED LIABILITY COMPANY, IF APPI ING ATTACHMENTS ("X" BOX FO :			
7. NAME AND ADI Manager Name Street Address	ORESS OF EACH MANA		ED LIABILITY COMPANY, IF APPING ATTACHMENTS ("X" BOX FO			
7. NAME AND ADI Manager Name Street Address City	DRESS OF EACH MANA	SPACES BEFORE USI	ED LIABILITY COMPANY, IF APPI ING ATTACHMENTS ("X" BOX FO Manager Name Street Address	R ATTACHMENT)		
	DRESS OF EACH MANA	SPACES BEFORE USI	ED LIABILITY COMPANY, IF APPING ATTACHMENTS ("X" BOX FO Manager Name Street Address City	R ATTACHMENT)		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

161750

 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Derson

2609

JOHN J. ROQUE, JR.
Prime or Type Name of Authorized Person